

**Youth Ministries - First United Methodist Church - Round Rock
General and Medical Release Form**

STUDENT & FAMILY INFORMATION

Student name _____ Male Female
 Home address _____ City _____ State _____ Zip _____
 Home phone _____ Student cell _____
 Age _____ DOB _____ Student e-mail address _____
 School attending _____ Grade _____
 T-shirt size S M L XL XXL (*all sizes are adult – if no size is marked student gets a large)
 Father's name _____ Stepfather's name _____
 Mother's name _____ Stepmother's name _____
 With whom do you live? _____
 Parent's home phone _____ Parent e-mail _____
 Father's work phone _____ Father's cell phone _____
 Mother's work phone _____ Mother's cell phone _____
 Cell carrier _____ Would you like to receive text messages? Yes No
 Emergency contact name _____ Emergency contact phone _____

HEALTH HISTORY

Physician _____ Office phone _____
 Dentist _____ Office phone _____
 Medical insurance company _____
 Policy # _____ Group # _____
 Allergies _____ Insect stings _____ Drugs _____ Food _____
 Other conditions: _____ Heart condition _____ Diabetes _____ Asthma _____ Frequent stomach upset
 _____ Physical handicap _____ Frequent colds _____ Glasses/contacts _____ Epilepsy
 _____ Swimming restrictions _____ Activity restrictions _____ Hearing aids _____ Hay fever

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions): _____

Confirmation Class is open to all 7th-12th grade students. Do you wish to enroll your student in this year's class? Yes No

If YES, please attach your \$100 participation fee to this form. Checks should be made payable to FUMC with "Confirmation" denoted in the memo line. For your convenience, we will accept 4 installments of \$25 each.

Has your student been baptized? Yes No

If yes, location of Baptism: _____ Pastor who officiated: _____

If no, please fill out the section below for baptism certificate purposes:

Student's full name: _____
 First Middle Last

Place of Birth: _____

Father's Full Name: _____
 First Middle Last

Mother's Full Name: _____
 First Middle Last Maiden

Submit additional information in writing and attach it to this form. Include names of medications and dosages that must be taken.

Date of last tetanus shot _____

In the event I am unable to provide information during an emergency, I hereby give permission to the medical professional selected by the church leadership to secure proper treatment, including but not limited to: medical evaluation, medical injection, anesthesia, surgery, and hospitalization for my child as deemed necessary.

I accept these terms. Parent initials _____ Date _____

PARENT RESPONSIBILITY

It is the parent's responsibility to find out all details of youth programs, trip activities, including all Sunday and Wednesday events and Confirmation. Parents are responsible for knowing all details of any off-campus trips, including trip location, departure and return time. Parents are asked to read Youth Newsletters, regularly check youth information bulletin boards in the church, e-mails, church web-site, or call for specific details.

I accept these terms. Parent initials _____ Date _____

STUDENT RESPONSIBILITY

Each student is expected to follow the rules of conduct below:

- | | |
|---|---|
| Participation with the group is expected | No possession or use of alcohol, drugs, or tobacco |
| Respect property | No students can drive |
| Respect one another, staff, adult leaders | No fighting, weapons, fireworks, lighters, or explosives |
| Respect and comply with event schedules | No offensive or immodest clothing |
| No foul or abusive language | No boys in girl's sleeping quarters & no girls in boy's sleeping quarters |

Students who fail to comply with these rules may be sent home at their parents' expense.

I, the student, have read the rules of conduct, and I agree to abide by the stated rules.

Student signature _____ Date _____

MEDIA

By signing below I give explicit permission for **First United Methodist Church** to photograph (by video photography or still photography and with or without soundtrack) the image, voice and first name of my child for use in media products (church-wide including web-site). I understand that any images will include 1st name only on the media.

I accept these terms. Parent initials _____ Date _____

LIABILITY

I have read and understand this form. I certify the above named student is my child (or under my legal guardianship) and resides with me. I give my consent for him/her to attend and participate in activities, functions, and trips sponsored by First United Methodist Church. I assume all transportation costs, should it be necessary for my child to return home due to medical or disciplinary actions.

I accept these terms. Parent initials _____ Date _____

I do hereby release, forever discharge, and agree to hold harmless First United Methodist Church, its staff, youth leaders, chaperones and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any natures whatsoever which may be incurred while participating in any activity or trip. I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein by my child. I understand by my signature that this form is both a binding medical and liability release.

I accept these terms. Parent signature _____ Date _____

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.